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State of South Dakota
Campaign Finance Disclosure Statement

Full Name of Committee: South Dakota Health Care Assn PAC

mark Deak, Sarah Naber — sarahnaber@sdhca.org
Committee Chair, Treasurer, Candidate — E-Mail

804 N. Western Ave Sioux Falls, SD 57104
Committee Street Address

same
Committee Postal Address

Sarah Naber — 605-339-2071
Name of Person Making Report — Daytime Telephone # — Evening Telephone #

If Candidate Committee, please note office being sought, and District # (If applicable) — Political party affiliation (if any)

If Ballot Question Committee, Ballot Question number or letter. — Supporting? ☐ Opposing? ☐

Type of Campaign Statement:

☐ Pre-Primary ☐ Pre-Convention ☐ Pre-General ☒ Year-End ☐ Amendment ☐ Supplement ☐ Termination

VERIFICATION OF PERSON MAKING REPORT

I, Sarah Naber (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

Filed this 30th day of January, 2015
Shantel Krebs
SECRETARY OF STATE

1-30-15
Date

Sarah Naber
Signature of Treasurer

County, municipal and school candidates file this statement with the person in charge of the local election.

Statewide PACs, political party, ballot question and other committees file this statement with the Secretary of State's Office.

Secretary of State, Elections Department
500 East Capitol Ave., Ste 204
Pierre, SD 57501
p: 605-773-3537 f: 605-773-6580
e-mail to kea.warne@state.sd.us

Fax and e-mail images must contain the signature(s).

INCOME

Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	***Amount***
Enter total of all *unitemized* contributions ($100 or less each from individuals) here:	$ 40.00

Line item A1

Itemized Contributions from Individuals

Enter all *itemized* contributions ($100.01 or more each from individuals) below:

Name	**Residential (Street) Address including city, state and zip**	**Amount**
Firesteel Healthcare	1120 E. 7th Mitchell, SD 57301	$ 352.00
Firesteel Healthcare	1120 E. 7th Mitchell, SD 57301	$ 740.00
Wheatcrest Hills	1311 Vander Horck Britton, SD 57430	$ 285.00
Belle Fourche Healthcare	2200 13th Ave Belle Fourche, SD 57717	$ 527.00
Fountain Springs Healthcare	2000 Wesleyan Blvd Rapid City, SD 57702	$ 481.00
Pam Wells	920 Fourth St. Garretson, SD 57030	$ 210.00
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Itemized Contributions - Enter total of all *itemized* contributions ($100.01 or more each from individuals):		$ 2595.00

Line item A2

Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot Committee Questions may recieve direct contributions from organizations.

Itemized Contributions from Organizations		
Name	***Residential (Street) Address including city, state and zip***	***Amount***
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Itemized Contributions - Enter total of all *itemized* contributions from organizations:		$.

Line Item B1

Direct Contributions from Political Parties

Contributions from Political Parties		
Name	***Residential (Street) Address including city, state and zip***	***Amount***
		$.
		$.
		$.
		$.
		$.
Enter total of all contributions from Political Parties here:		$.

Line item C1

Direct Contributions from In-State Political Action Committees

Contributions from South Dakota Political Action Committees		
Name	***Residential (Street) Address including city, state and zip***	***Amount***
		$.
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Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here:		$.

Line item D1

Direct Contributions from Out-of-State Political Action Committees

Contributions from Federal Political Action Committees		
Name	***Filing Website Address***	***Amount***
		$.
		$.
		$.
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		$.
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		$.
		$.
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		$.

Line item D2

Direct Contributions from Candidate Committees

Contributions from Candidate Committees		
Name	***Residential (Street) Address including city, state and zip***	***Amount***
		$.
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Enter total of all contributions from Candidate Committees here:		$.

Line item E1

In-Kind Contributions

Non-cash contributions of good and services and the estimated fair market value		
Description	***Name and residential address***	***Estimated value***
		$.
		$.
		$.
		$.
		$.
		$.
		$.
		$.
		$.
		$.
Enter total of all estimated in-kind contributions here:		$.

Line item F1

Other Income

Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution.		
Source of Income	***Description of Income (i.e. raffles and auctions income)***	***Amount***
		$.
		$.
		$.
Enter total of other income here:		$.

Line item G1

Establishing and Administering Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

Organizational Name and Categorical Description for Direct Funds	***Amount***
	$.
	$.
	$.
Enter total here:	$.

Line item H1

EXPENDITURES

Operational Expenditures

Categories have been provided for reporting common expenses. You may list other expense items at your discretion

Campaign Expenses	*Amount*
Advertising	$.
Consulting	$.
Interest	$.
Postage	$.
Printing	$.
Rent	$.
Salaries	$.
Telephone	$.
Travel	$.
Utilities	$.
List other expense items below (i.e. donations to organizations, gifts, meals, fundraising expenses):	$.
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Enter total expenditures here:	$.

Line Item X1

Contributions Made to Candidates and Committees

Name of Candidate or Committee	*Amount*
	$.
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	$.
	$.
	$.
	$.
	$.
Enter total of contributions to candidates or committees here:	$.

Line item X2

Debts and Obligations Owed by this Committee

All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to/Creditor's Name	*Nature of obligation*	*Address*	*Amount*
			$.
			$.
			$.
			$.
Enter total debt owed by committee here:			$.

*This would include loans that have been made to this committee (i.e. personal loan to committee).

Line Item X3

Loans Owed to this Committee

Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of recipient of loan, including address.	*Amount of loan made during the reporting period*	*Amount of loan repaid during the reporting period*	*Balance of loan at the end of the reporting period*
	$.	$.	$.
	$.	$.	$.
	$.	$.	$.
Enter total amount of loans owed to committee here:	$.	$.	$.

*This would include loans to other committees.

Line Item Y1 Line item Y2 Line item Y3

SUMMARY OF INCOME AND EXPENDITURES

Balance of cash and cash equivalents on hand, if any, at the beginning of the reporting period:			$ 24159.18
		Income	Expenses
	Candidate's Personal Contribution to Own Campaign	$.	
Income:			
	Unitemized Contributions (A1)	$ 40.00	
	Itemized Contributions (A2)	$ 2595.00	
	Contributions from Organizations (B1)	$.	
	Contributions from Political Parties (C1)	$.	
	Contributions from In-State PACs (D1)	$.	
	Contributions from Out-of-State or Federal PACs (D2)	$.	
	Contributions from Candidate Committees (E1)	$.	
	Other Income (G1)	$.	
	Expenditures from an external source to establish a committee (H1)	$.	
Expenditures			
	Operational Expenditures (X1)		$.
	Contributions to Candidates and Committees (X2)		$.
	Debts and Obligations Owed by the Committee (X3)		$.
Loan Activity			
	Monetary loan made to this Committee during reporting period (Y1)	$.	
	Monetary loan repaid to this Committee during reporting period (Y2)		$.
Amount on hand at the end of the reporting period:		$ 26794 .18	

In-Kind Contributions (F1) which are not included in your ending balance $_____

***Note: You cannot end the reporting period with a negative balance.**

County, municipal and school candidates file with the person in charge of the local election.